



REFUND NOTIFICATION

Date received

L&I use only

Cashier initial

Provider: Please mail to:

CASHIER'S OFFICE - MIPS DEPOSIT
DEPARTMENT OF LABOR & INDUSTRIES
PO BOX 44835
OLYMPIA WA 98504-4835

INSTRUCTIONS

Please complete your name, provider number, check amount, whether or not this check represents payment in full, and audit ID number (AIN). Attach your check to this form so that we can ensure your account is properly credited. Mail all of the information to the Department of Labor & Industries, Cashier's Office - MIPS Deposit, at the above address.

Upon receipt, the L&I cashier will initial, date and forward this form to Private Sector Rehabilitation Services.

Please credit my provider account with the attached check

Provider name: _____

Provider number: _____

Check Amount: \$ _____

Audit ID number: AIN _____

Comments:

L&I Cashier:

Please cc to: **Private Sector Rehabilitation Services 4326**

ATTN: Richard Wilson

and

Provider Accounts Refund Desk 4261